



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Grocery Delivery		
MNG#: 072	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input checked="" type="checkbox"/>	Informational: <input checked="" type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approval Date: 6/3/2021	Effective Date: 08/21/2021
Last Revised Date:	Next Annual Review Date: 6/3/2022	Retire Date:

OVERVIEW:

Grocery shopping and delivery utilizes local stores and delivery mechanisms to provide shopping services to members who have no other means to accomplish this task. The member is responsible for the full cost of food.

DECISION GUIDELINES:

Clinical Eligibility:

- Member must meet basic eligibility criteria for homemaking services (assistance with 2 IADLs).
- Grocery delivery services must be provided in accordance with the member goals as stated in the care plan.
- Grocery delivery services may be used for individuals with physical, mental, and/or cognitive impairments who are unable to safely or effectively perform an activity and for whom having such services will support their improved health status and their ability to maintain integrated living in the community.

Determination of need:

- Member must not be able to access a grocery store independently via CCA transportation, or store is not within the member’s locality (town or neighboring towns) for aide to travel (e.g., rural areas).
- There must be evidence of medical need where member is unable do grocery shopping and lives too far away for an aide to travel not just for food but for other household needs, (e.g., toilet paper, household cleaners, etc.), that Home Delivered Meals cannot provide.

LIMITATIONS/EXCLUSIONS:

- As with other homemaker services, grocery delivery services are not covered when the participant or someone else in the household is capable of performing the tasks or when a relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for grocery shopping.
- Grocery delivery services are only provided to meet the needs of the member.
- Grocery delivery services cannot be authorized as a financial support as CCA does not cover cost of food.



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KEY CARE PLANNING CONSIDERATIONS:

- Grocery shopping services may be included as part of the duties performed by a homemaker, adult companion, or supportive home care aide. These options should be explored prior to initiation of a delivery service.
- Evaluation of informal supports to provide the service should be considered (e.g., family member or friend).
- A review of other existing supports in the care plan should be done before initiating grocery services that may be duplicative.
- Members may have to utilize the grocery store linked to the specific provider and may not get to access their preferred stores.
- SCO members on the Frail Elder Waiver (FEW) may require this service in their care plan to remain eligible for the waiver. This service may be approved as an exception to existing limitations/exclusions in those instances. Consult with the GSSC for additional information.

AUTHORIZATION:

Authorizations for grocery delivery services are documented in weekly increments for up to 6 months in duration for SCO members and up to 6 months for OC members.

Grocery Shopping and Delivery S5121UB Per Order

REGULATORY NOTES:

Grocery Services are referenced as part of the Homemaking Services, Supportive Home Care Aide and Adult Companion definitions under Home and Community Based Services 130 CMR 630.402.

Companion definitions under Home and Community Based Services 130 CMR 630.402.

MassHealth Provider Manual; 130 CMR 630: Home- and Community-Based Services.

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RELATED REFERENCES:

*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.

Disclaimer:

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science



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indicating medical necessity [supporting literature (full text preferred)] should be attached to the request), or describing the member’s unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member’s unique clinical circumstances will generally be required.

ATTACHMENTS:

EXHIBIT A:	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION

APPROVALS:

Avideep Chawla

 CCA Senior Clinical Lead [Print]

Signature

Director, Utilization Management

 Title [Print]

6/3/2021

Date

Doug Hsu

 CCA Senior Operational Lead [Print]

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VP Medical Policy & Utilization Review

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6/3/2021

Date

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6/3/2021